

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

PHYSICAL STANDARDS FOR YOUTHS AND ADULTS

Last year, there was printed in this publication a series of physical standards for children of various ages. These were designed for use by Parent-Teacher Associations throughout the state. The series made a direct appeal to large numbers of persons, many of whom asked for outlines of physical standards for individuals who belong to older age groups. There have been prepared, accordingly, similar standards for preadolescents and adolescents as well as for adults. These have been issued, also, to parent-teacher groups, where they are used by large numbers of individuals. The standards are reproduced here.

PHYSICAL STANDARDS FOR THE PREADOLESCENT AND THE ADOLESCENT

Check the physical growth and hygiene of your child of school age by this:

Has he—

- Sound, even, well-cared-for teeth?
- Erect posture, firm muscles, good feet?
- Normal vision (properly-fitted glasses, if required), normal hearing?
- Nose and throat free from abnormal tonsils, adenoids, or obstructions to breathing?
- Weight up to or a little above average for height and age?
- Protection by immunization against diphtheria and small-pox?
- A general sense of well being and vigorous enjoyment of life?

Does he—

- Eat freely of all suitable foods (vegetables, whole-grain cereals or breads, fruits)?
- Drink water freely between meals (5-6 glasses)?
- Eat adequately but not excessively, and not more than four times daily?
- Go to bed regularly at a reasonable hour; sleep nine hours daily?
- Have a daily bowel movement without the use of drugs?
- Play actively out of doors at least 2-3 hours daily?
- Brush his teeth thoroughly night and morning?
- Take a full bath at least twice weekly, daily if possible?
- Wash his hands always before meals and after using the toilet?
- Keep fingers, pencils, etc., out of mouth and nose?
- Cover mouth and nose when coughing or sneezing?

Do you—

- Have him examined regularly and thoroughly once yearly by your doctor?
- Have him examined regularly and thoroughly twice yearly by your dentist?
- Have needed corrections made promptly?
- Dress him comfortably and suitably paying special attention to shoes and stockings?
- Protect him from over stimulation and excitement?
- Provide him with ample opportunity for activities which offer safe outlets for energy?

Does he avoid—

- Undue fatigue?
- "Nervousness"?
- Sleeplessness?
- Underweight or marked overweight?
- "Piecing" between meals?
- Poor appetite?
- Frequent colds?
- Mouth breathing?
- Inflamed or crusted lids?
- Use of cup, spoon, towel, etc., used by anyone else?
- Running ears?

PHYSICAL STANDARDS FOR ADULTS

Check your physical attainments and hygiene by these:

Have you—

- Normal weight for your height, type and age?
- Erect posture, firm muscles, good feet?
- Normal vision (properly-fitted glasses, if required), normal hearing?
- Sound, well-cared-for teeth and healthy gums?
- Adequate and accurate information on diet and general hygiene?
- A general sense of well being and enjoyment of life?
- Immunity to smallpox and diphtheria?

Do you—

- Have a complete yearly physical examination by your physicians?
- Have an adequate biyearly examination by your dentist?
- Have your eyes examined by an oculist every 3-5 years?
- Have corrections made promptly when needed?
- Eat a well-balanced diet (including leafy vegetables and milk), adequate but not excessive?
- Use tea and coffee in moderation, if at all?
- Drink six to eight glasses of water daily, most of this between meals?
- Have a daily bowel movement without the use of drugs?
- Take at least two baths weekly, one daily if possible?
- Sleep soundly, not less than seven hours per night?
- Take some out of doors exercise daily?
- Provide for some recreation daily, in the form of a sport when possible?
- Relax with ease and get sufficient rest?

Do your work intelligently without undue fatigue?
 Devote some time each week to study of the best ways to
 preserve the health of yourself and your family?
 Consider the maintenance of sound physical and mental
 health your greatest personal duty and privilege.

NOW IS THE TIME TO GET READY FOR SCHOOL

Next fall, California schools will open for the first time to many thousands of children. The event is of great importance, for it marks the very first step in the life of a child as a recognized citizen of this republic. Then, for the first time, he will come into contact with thousands of other children who are engaged in the same organized endeavors.

Education is an important factor in our form of government. The American people, generally, are the best educated people in the world. If there is any single attribute of government that we believe in, it is education, and we spend vast sums of money in its advancement.

Whether, or not, the children who will enter school next fall will make a success of their school life depends to a great extent upon their physical condition. Many of the schools have machinery which provides certain care for children after they enter school but much time is lost, and progress is delayed, if children are not physically fit at the time they enter. No child should be permitted to enter school with teeth decayed, if his tonsils are diseased, if he is unable to breathe freely through his nose, or if he can not see or hear well. He can not escape attending school because the law requires it, but whether or not he enters school in fit physical condition depends entirely upon the wisdom and foresight of his parents. If there are any physical defects in a child who enters school next fall, now is the time to find such defects and have them corrected. Physical examinations for the purpose of discovering physical defects in such children are available at no cost through the efforts of the Bureau of Child Hygiene of the State Department of Public Health and the California Congress of Parents and Teachers. These examinations will be given in most counties of the state during March, April and May; they will be given by competent physicians assisted by nurses, at no cost to the parents and with no fees of any sort required. This is a part of the state's plan for helping to give California school children an opportunity to start school in good physical condition. The great army of school children must be composed of strong, healthy, red-blooded young citizens and with the cooperation of parents this young army of California children can be made thoroughly fit to enter its important work.

"A state can not effectually insure itself against physical disease unless it begins with its children."—Sir George Newman.

SOME SIMPLE FACTS ABOUT SCARLET FEVER

Scarlet fever is a commonly encountered communicable disease, no less than 16,000 cases having been reported in California during the past two years. It is spread by the transference of the infection in the discharges from the noses and throats of persons ill with the disease and those who are carriers of the infection. It is not air borne and in order to contract the disease the susceptible individual must be within "striking distance" of the person who transmits the disease. The spray and droplets from the infected person may be ejected for a distance of several feet. The handling of articles such as toys, towels and handkerchiefs recently soiled by a patient's sputum may cause the disease and under proper conditions the causative organisms deposited in the sputum on such articles may live for astonishingly long periods of time.

The period of incubation is generally three or four days. The onset is sudden, with fever, sore throat, vomiting and a characteristic eruption, followed by "peeling" of the skin. The cheeks are "scarlet" and the rash, which appears about two days after the onset, begins at the neck and spreads over the body. Most cases now reported are of a mild character but a considerable number of severe cases are still encountered.

Many cases are contracted through contact with active cases in persons who are able to be up and about but who, nevertheless, have the disease in mild form. For this reason, it is essential that all persons suffering from scarlet fever be quarantined for twenty-eight days, or until the discharges have stopped. Sputum from such patients should be destroyed immediately and all articles infected by the patient should be disinfected. Persons who have only light cases should be kept as completely isolated as persons who have severe cases, because a severe case may occur in a contact with a mild case. The degree of severity varies greatly in different individuals.

It may be possible to immunize individuals against scarlet fever but the procedure is not recommended as a routine measure. When an epidemic occurs in an institution, in families, or in special emergencies, immunization of contacts may be resorted to as a control measure. At the present time, however, it is not feasible to use the immunization as a general protective measure before known exposure to active cases.

Most cases of scarlet fever occur in children under ten years of age, but a considerable number of cases are in those between the ages of ten and fifteen years.

Not everyone is susceptible to the infection. About half of the persons exposed contract the disease. It is essential, however, that all cases of scarlet fever be discovered and placed in isolation, with particular heed to the destruction of discharges from nose, throat and ears.

The complications that occur with scarlet fever may be productive of terrific damage. The ears and kidneys are commonly involved and many cases of deafness and of renal diseases have their beginning in scarlet fever contracted during childhood.

IT PAYS TO LOCK THE DOOR BEFORE THE THEFT

A city in the state of New York suffered a disastrous epidemic of typhoid fever last September which resulted in a total of 212 cases and 18 deaths. The epidemic was waterborne and was due to the pollution of a portion of the city supply, which came from an auxillary pumping station. A break in a submerged suction pipe, which connected wells on one side of a river with the pumping station on the other side, provided the means for grossly polluted river water to enter the city mains and reservoirs. The quantity of chlorine added automatically to the city supply was insufficient to care for the gross contamination. Negligence in making proper tests and failure to investigate the cause of fluctuations in the pumpage, due to the leak in the submerged pipe, played an important part in the cause of the epidemic. As a result, the health officer and three of the water commissioners resigned.

It has been necessary for the city to sell bonds in the amount of \$350,000 to pay claims incidental to the typhoid epidemic. Funds for the redemption of the bonds must be raised by taxes during the next twenty years. This loss would have provided adequate supervision of the city water supply by trained operatives for an almost indefinite period of time. The outbreak emphasizes the need for all cities to employ trained and reliable operators for their water supply system. The monetary loss and the greater loss in suffering and death are too important to risk the expenditure of the relatively small sums that are necessary to insure the continuous supply of pure water.

MANY CHICO CHILDREN ARE VACCINATED

In February the Chico Health Center carried on an active campaign to secure the vaccination against smallpox of Chico children. The presence of an unusually large number of cases of smallpox in the community made the campaign a matter of necessity. A total of 1140 children were vaccinated, of which number about 1000 were children in attendance upon the public schools.

MUST SERVE PURE MILK AND WHOLESOME FOOD ON DINERS AND VESSELS

The following amendment to the quarantine regulations of the United States Public Health Service has been received:

AMENDMENT NO. 1 TO THE UNITED STATES INTERSTATE QUARANTINE REGULATIONS, PUBLIC HEALTH SERVICE

TREASURY DEPARTMENT,
Office of the Secretary,
Washington, February 15, 1929.

In accordance with the provisions of the act of congress approved February 15, 1893, section 29 paragraph (e) of the United States Interstate Quarantine Regulations is hereby amended to read as follows:

(E) No spoiled or tainted food, whether cooked or uncooked, shall be served in any dining car or dining room of vessel, and no milk or milk products shall be served unless the milk is Grade A pasteurized as defined in the United States Public Health Service Sanitary Milk Code or Grade A boiled, except that Certified Milk as defined in the standards adopted by the American Association of Medical Milk Commissions may be served in addition if the carrier elects.

A. W. MELLON,
Secretary of the Treasury.

CHANGES OCCUR AMONG HEALTH OFFICERS

Dr. Warren F. Fox, who has been city health officer of Pasadena for many years, resigned his position March 9, 1929. Dr. Wm. F. Wagner has been appointed to serve in Dr. Fox's place, temporarily.

Dr. R. H. Prein is no longer city health officer of Gilroy. Lawrence F. Vaughn, D.V.M., has been appointed to succeed him.

Dr. Francis H. Stump of Crescent City has been appointed health officer of Del Norte County to succeed Dr. C. H. Barnes.

APPLICATION FOR SEWAGE DISPOSAL PERMIT NOW PENDING

The following application for sewage disposal permit is pending before the State Board of Public Health, final action to be taken at the next meeting of the Board, to be held in San Francisco, 337 State Building, on April 6, 1929:

EDGEMORE FARM, SAN DIEGO COUNTY: Application from the County Board of Supervisors of San Diego County for permit to construct Imhoff tank and sprinkling filter at Edgemoor Farm near Lakeside, disposing of the effluent on the farm, or into a natural sand bed.

MORBIDITY *

Diphtheria.

41 cases of diphtheria have been reported, as follows: Alameda 1, Oakland 1, Fresno County 1, Los Angeles County 3, Glendale 1, Inglewood 1, Long Beach 1, Los Angeles 7, Vernon 1, Whittier 2, South Gate 1, Maywood 1, Mendocino County 2, Santa Ana 1, Riverside 4, Sacramento County 1,

*From reports received on March 11th and 12th for week ending March 9th.

Rialto 3, San Diego County 1, San Francisco 6, Santa Clara County 1, Rio Vista 1.

Scarlet Fever.

497 cases of scarlet fever have been reported, as follows: Alameda County 2, Alameda 3, Berkeley 5, Emeryville 3, Hayward 1, Oakland 42, Piedmont 1, Sutter Creek 1, Chico 1, Contra Costa County 1, Fresno County 3, Fresno 3, Glenn County 2, Eureka 2, Kern County 34, Taft 5, Kings County 1, Susanville 2, Los Angeles County 55, Glendale 2, Huntington Park 1, Long Beach 6, Los Angeles 66, Pasadena 2, Pomona 1, San Fernando 1, Sierra Madre 1, Torrence 1, Hawthorne 1, South Gate 1, Monterey Park 1, Bell 1, Madera County 3, Marin County 1, Mendocino County 1, Ukiah 2, Grass Valley 2, Anaheim 1, Fullerton 1, Santa Ana 2, Placer County 1, Riverside 4, Sacramento County 17, Sacramento 20, Hollister 3, San Bernardino County 4, San Bernardino 1, San Diego 19, San Francisco 75, San Joaquin County 1, Lodi 2, Stockton 31, San Luis Obispo County 1, San Luis Obispo 1, San Mateo County 2, San Bruno 1, San Mateo 1, South San Francisco 1, Santa Clara County 3, Gilroy 6, Los Gatos 1, Mountain View 1, Palo Alto 1, San Jose 12, Solano County 1, Sonoma County 4, Stanislaus County 1, Sutter County 4, Tulare County 5, Tuolumne County 1, Sonora 1, Yolo County 2, Yuba County 2, Marysville 2.

Measles.

58 cases of measles have been reported, as follows: Berkeley 1, Oakland 4, Fresno 1, Humboldt County 1, Lake County 2, Los Angeles County 2, Burbank 2, Covina 1, Glendale 1, Los Angeles 18, Pasadena 1, San Marino 1, Santa Monica 1, Mendocino County 1, Monterey County 3, Riverside 2, Sacramento 1, San Diego 1, San Francisco 1, San Luis Obispo County 1, Lompoc 5, Santa Barbara 1, Mountain View 1, San Jose 1, Corning 2, Redbluff 1, Yolo County 1.

Smallpox.

75 cases of smallpox have been reported, as follows: Alameda County 2, Berkeley 3, Oakland 6, Colusa County 2, Glenn County 7, Humboldt County 9, Eureka 4, Los Angeles County 2, Monterey County 1, Grass Valley 1, Riverside

County 6, Riverside 1, San Bernardino County 6, Colton 1, San Bernardino 1, San Jose 3, Watsonville 2, Sutter County 8, Tulare County 3, Exeter 4, Visalia 2, California 1.

Typhoid Fever.

10 cases of typhoid fever have been reported, as follows: Alameda County 1, Humboldt County 1, Los Angeles County 1, Los Angeles 1, Sacramento County 1, Sacramento 1, San Francisco 2, San Joaquin County 1, Stanislaus County 1.

Whooping Cough.

197 cases of whooping cough have been reported, as follows: Alameda 4, Albany 2, Berkeley 4, Hayward 1, Oakland 9, Contra Costa County 4, Fresno County 1, Kern County 1, Bakersfield 1, Los Angeles County 18, Azusa 2, Glendale 5, Long Beach 4, Los Angeles 45, Monrovia 1, Montebello 1, Pasadena 11, Santa Monica 7, Monterey Park 5, Marin County 2, Anaheim 3, Brea 1, Riverside 1, Sacramento County 1, Sacramento 2, San Diego County 1, San Diego 1, San Francisco 29, San Joaquin County 1, Lodi 1, Stockton 3, San Luis Obispo 2, San Mateo 1, Lompoc 8, Santa Barbara 1, Gilroy 1, Palo Alto 1, San Jose 9, Stanislaus County 1, Tulare County 1.

Meningitis (Epidemic).

21 cases of epidemic meningitis have been reported, as follows: Oakland 3, Fresno County 1, Fresno 3, Kern County 1, Los Angeles County 1, Glendale 1, Long Beach 1, Los Angeles 5, Sacramento 1, San Francisco 3, California 1.

Encephalitis (Epidemic).

Fresno County reported one case of epidemic encephalitis.

Trichinosis.

San Francisco reported one case of trichinosis.

Botulism.

Los Angeles reported 3 cases of botulism.

Undulant Fever.

Los Angeles reported one case of undulant fever.

COMMUNICABLE DISEASE REPORTS

Disease	1929				1928			
	Week ending			Reports for week ending Mar. 9 received by Mar. 12	Week ending			Reports for week ending Mar. 10 received by Mar. 13
	Feb. 16	Feb. 23	Mar. 2		Feb. 18	Feb. 25	Mar. 3	
Anthrax.....	0	0	0	0	0	1	0	0
Botulism.....	0	2	0	3	0	0	0	0
Chickenpox.....	507	516	663	678	522	572	726	799
Diphtheria.....	68	79	61	41	110	129	125	127
Dysentery (Bacillary).....	0	0	0	0	2	0	1	0
Encephalitis (Epidemic).....	0	4	0	1	0	0	2	0
Food Poisoning.....	10	0	0	0	0	0	0	1
German Measles.....	41	26	70	33	361	355	459	566
Gonococcus Infection.....	86	100	120	125	104	79	106	96
Influenza.....	245	143	178	155	56	55	61	48
Jaundice (Epidemic).....	0	1	1	0	0	0	0	0
Leprosy.....	0	2	1	0	0	1	0	0
Malaria.....	1	0	0	0	15	0	1	0
Measles.....	58	54	46	58	164	172	243	284
Meningitis (Epidemic).....	15	17	30	21	7	4	5	5
Mumps.....	322	297	445	520	289	247	306	313
Ophthalmia Neonatorum.....	1	0	0	0	1	0	0	0
Paratyphoid Fever.....	0	0	1	1	0	0	1	1
Pellagra.....	0	1	2	1	0	0	0	1
Pneumonia (Lobar).....	99	97	91	113	71	64	90	65
Poliomyelitis.....	3	2	2	0	8	7	8	6
Rabies (Animal).....	8	18	33	29	18	17	23	15
Rocky Mt. Spotted Fever.....	0	0	0	0	0	0	0	0
Scarlet Fever.....	383	415	568	497	253	240	201	185
Smallpox.....	79	81	106	75	21	49	32	19
Syphilis.....	160	159	125	220	157	93	95	159
Tetanus.....	0	3	2	0	0	0	0	1
Trachoma.....	1	3	3	1	5	4	3	4
Trichinosis.....	0	0	0	1	1	0	0	0
Tuberculosis.....	233	216	218	273	152	225	243	220
Typhoid Fever.....	11	6	15	10	12	12	9	6
Undulant Fever.....	0	0	1	1	0	0	1	0
Whooping Cough.....	172	175	222	197	157	142	168	164
Totals.....	2503	2417	3004	3054	2486	2468	2909	3085

Chickenpox is higher.

Mumps continues its increasing trend.

Smallpox is still at a high level.

Diphtheria stands at low ebb.

Meningitis is still to be reckoned with as of epidemic proportion.